



TO: Outreach Partners and Interested Parties

FROM: *Prescription Advantage*

Date: May 22, 2006

BULLETIN

This bulletin is one in a series of routine updates regarding Prescription Advantage. These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

FPL Change Letters – Non-Medicare Members

Prescription Advantage will implement the new federal poverty guidelines on July 1, 2006. These guidelines establish the membership categories for Prescription Advantage members. Based on a member's reported gross annual household income, these new guidelines may place members in a different membership category with increased benefits.

In addition, for non-Medicare members, there are changes to the quarterly deductible that will also become effective July 1, 2006. And, for members in categories 3 – 6, this letter also informs the member of Prescription Advantage's decision to eliminate monthly premiums.

Attached are two (2) letters. One letter was sent to members in categories 1 and 2. The other letter was sent to members in categories 3 – 6. All letters were mailed during the week of May 15, 2006.



Category 1 and 2

Date

ID Number:

Name

Address

City State ZIP

Dear Member Name:

On July 1, 2006, Prescription Advantage will implement new federal poverty guidelines. These guidelines establish the membership categories for Prescription Advantage members. Based on your reported gross annual household income, these new guidelines may have placed you in a different membership category.

In addition, Prescription Advantage regularly reviews the rates paid by members toward premiums, deductibles and co-payments. These rates are based on gross annual household income and are adjusted as necessary to meet the needs of the Plan and its members. Although only some rates have changed, all of your individual rates are listed below for your reference. These rates will become effective on **July 1, 2006**.

- Your monthly premium will be: **\$ 0**
- Your quarterly deductible will be: **\$**
- Your co-payments for up to a 30-day supply purchased at a retail pharmacy:
 - Generic Drugs (Level 1) **\$**
 - Brand Name Drugs (Level 2) **\$**
 - Additional Brand Name Drugs (Level 3) **\$**
- Your co-payments for up to a 90-day supply purchased through mail service:
 - Generic Drugs (Level 1) **\$**
 - Brand Name Drugs (Level 2) **\$**
 - Additional Brand Name Drugs (Level 3) **\$**



- Your Annual Out-of-Pocket Spending Limit:
Once the total amount you pay toward your deductible and co-payments reaches
\$ STOP LOSS, you will not be required to pay anything for your prescription drugs. The Plan
will cover the cost of your deductible and co-payments for the remainder of the Plan year.

Please note that you are responsible for reporting any changes to the information provided in your application, such as changes to your address or your income, to Prescription Advantage. Failure to do so may result in the termination of your benefits.

If you have any questions, please call customer service at 1-800-AGE-INFO (1-800-243-4636) or TTY (toll free) for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,

Prescription Advantage

You have the right to request a review of decisions made by Prescription Advantage regarding your membership and benefits. For more information, please contact customer service.

ID Number: 1

PA.4 - 04212005



Category 3 - 6

Date

ID Number:

Name

Address

City State ZIP

Dear Member Name:

On July 1, 2006, Prescription Advantage will implement new federal poverty guidelines. These guidelines establish the membership categories for Prescription Advantage members. Based on your reported gross annual household income, these new guidelines may have placed you in a different membership category.

In addition, Prescription Advantage regularly reviews the rates paid by members toward premiums, deductibles and co-payments. These rates are based on gross annual household income and are adjusted as necessary to meet the needs of the Plan and its members. One adjustment that is reflected in the rates below is based on Prescription Advantage's decision to stop charging monthly premiums. Prescription Advantage stopped billing members for monthly premiums in January, 2006. To compensate for this change, Prescription Advantage has increased the quarterly deductible for members who had previously paid monthly premiums, by an amount comparable to three months of premiums.

Although only some rates have changed, all of your individual rates are listed below for your reference. These rates will become effective on **July 1, 2006**.

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- Your quarterly deductible will be: **\$**
- Your co-payments for up to a 30-day supply purchased at a retail pharmacy:
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 - Additional Brand Name Drugs (Level 3) **\$**
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 - Generic Drugs (Level 1) **\$**
 - Brand Name Drugs (Level 2) **\$**
 - Additional Brand Name Drugs (Level 3) **\$**



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